**Emran Hussain**

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**PROFILE**

Dynamic EDI System Analyst with over 6 years of professional experience in **Software Development Lifecycle (SDLC)** and business reengineering process, offering extensive experience in healthcare domain. Areas of expertise include HIPAA compliance ANSI X12 **4010 to 5010 and ICD 9 to ICD 10, EDI** transactions and Claims Adjudication process. Experience with **FACETS** configuration, coordination of benefits **(COB), Medicare and Medicaid programs**; strong interpersonal communication, writing, presentation and collaboration skills.

**QUALIFICATIONS SUMMARY**

* Proven track record of delivering cost-effective, high performance technology solutions to meet the constantly changing business needs.
* Demonstrated experience in gathering requirements and developing detailed functional specifications through **JAD sessions,** **interviews, observation, and on site meetings with SME,** business users &development teams.
* Knowledge of **ICD-9, 10, CPT coding, EMR, HIPPA, JCAHO, PQRS** and Meaningful Use, medical terminologies, and medical insurance activities.
* Experience in conceptualizing Private and Public Exchanges for **CIO group in line with PPACA act**
* Extensive experience with HIPAA compliance, particularly with the migration of **ANSI X12 4010 to 5010 and ICD 9-CM to ICD 10-CM/PCS using GEM**. Extensive experience in **ANSI X12 EDI transactions (270/271, 834, 835, 837, 276/277), NCPDP, NDC and DRG codes.**
* FACETS version upgrade implementation project and worked extensively **on 837i (Institutional Claim), 837p (Professional Claims) and 834 (Enrollments).**
* Comprehensive knowledge of **SDLC Methodologies**, **RUP, Waterfall model, RAD and JAD** methodologies.
* Experience in **Software Development Life Cycle (Agile, Waterfall).**
* Excellent knowledge and understanding of **Medical Management Information System (MMIS)**
* Knowledge on medical necessities, software validation and healthcare compliance auditing.
* Experience with various modules like membership management, premium **billing, enrollment, claims processing & adjudication, benefits administration** within Healthcare industry
* Tested the Professional, Institutional Claims processing and adjudication and validate **data with facets.**
* Hands on experience in customization and configuration of **FACETS, Medicare (part A, B, C, D)** and Medicaid programs. Thorough knowledge of **HIX, PPACA and HL7.**
* Strong knowledge of **HL7 Standards, HIX, EHR - Electronic Health Records, EMR - Electronic Medical Records, CMS** regulations, Health Care Reform, **EMTALA, PPO, POS and HMO**. Strong interpersonal skills in listening, coaching, mentoring, negotiating, mediation and conflict resolution; excellent analytical, writing and presentation skills.
* Excellent working knowledge **of UML, RDBMS, Oracle, SQL, and PL/SQL**; proficient in MS SQL administration, Enterprise Manager, data analysis and reporting. Experience with data analysis, data mapping and dimensional modeling.

**TECHNICAL SKILLS**

**Methodologies:** SDLC, RUP, Agile

**Project Management:** Microsoft Project and Microsoft Office

**Modeling Tools:**  Rational Rose, Microsoft Visio

**Change Management Tools:** Rational Requisite Pro, Clear Quest

**Version Control Systems:** Rational Clear Case

**Testing Tools:** Rational Enterprise Suite, Test Director, Win Runner, Load Runner

**Databases:** Oracle, MS SQL Server, MS-Access

**Operating Systems:**  Windows, Familiar with UNIX and LINUX

**RDBMS and Databases:** SQL Server, Sybase Accelerator, and Oracle

**Reporting Tools:**  Business Object, IBM Cognos, and Crystal Report

**PROFESSIONAL EXPERIENCE**

**Client: Hewlett-Packard (State of OH), Columbus, OH Nov 2016 – Mar 2018**

**Position: EDI System Analyst**   
The Project was based on **Medicaid Information Technology System (MITS).** HP is the implementation partner for the Ohio Department of Jobs and Family Services (ODJFS) .The HP interchange **MMIS** is part of the **Medicaid Implementation Services (MIS)** organization invite for interchange Enhancements. The purpose of this project is to produce an enhanced MMIS that can be utilized in the delivery process for new business.  
**Responsibilities:**

* Conducted **JAD Sessions with the SMEs**, Solution Engineers, Developers & Business users
* Worked with development / technical team members to ensure that the enhancements would meet the defined business requirements.
* Analyzed old **MMIS** tested the implementation process of newer version of **MMIS** and also accountable for **Medicaid claims** resolution/ reimbursement for peach care health plan using **MMIS.**
* Provided hands on agile project management approach & planning, apply strategy and scrum framework in various projects/phases, set team's objectives and goals.
* Gathered and analyzed requirements and designed a **Business Process Diagram**
* Used Agile Methodology in the process of the project management based on **SDLC**
* Designed and developed Use Cases and Business Process Flowchart using **UML**
* Worked on credentialing, contracting, billing and claims issues.
* Analyzed and worked with **HIPAA specific EDI** transactions for claims, member enrollment, billing transactions. Worked specifically with **837, 835, 834, and 270/271.**
* Worked in **GAP analysis** to understand the difference between both the billing systems and documented the **GAPs in GAP analysis spreadsheet**
* Worked with business users to define Business, Process, and Data Models to understand the overall business
* Worked closely with testers explaining scenarios and requirements to help them write quality test cases and reviewed with other BA and QA team
* Created **BRD and FRD** for Medicaid managed care requirements.
* Involved in **HIPPA Complaint X12N837** Transaction testing
* Created test data files for the **HIPAA 837/835 (Claims Processing/Claims Payment), and 276/277 (Claims Request and Claims Response)** transaction based on the **ANSI X12N HIPAA** standards.
* Performed tests for **EDI transactions (824, 834, 837, 835, 270, 271,276 and 277)**
* Various **Inbound and outbound file**
* Validated **XML files** and Reports.

**Client: DHHS State of Maine, Deloitte ME  Aug 2014-Oct 2016  
Position: Business Analyst**   
Worked on the implemantation of **MIHMS** which is the new solution of **MMIS (Medicaid Management Information System)** for the state of Maine. Involved in the testing efforts of Claims Adjudication, Member Lock In, Facets, Co payment, PA, EDI, Interfaces, HPAS online Web Portal for the Providers, Claims Payment & Financial functional areas.

**Responsibilities:**

* Conducted requirements analysis and facilitated **Joint Application Development (JAD) sessions for Rapid** Application
* Development **(RAD) to** identify business rules and requirements elicitation
* Followed a structured approach to organize requirements into logical groupings of essential business processes, business rules, information needs, and ensured that none of the critical requirements go unnoticed
* Maintained the chart of acccounts mapping values for converting the legacy system
* Developed tables, Views, Stored Procedures and Triggers using **SQL Scripting**
* Documenting user stories and test cases/ test scripts to support **Agile Methodology** of development.
* Documented the user requirements in the Business Requirements and Functional requirements documents
* Researched and documented **As-Is processes**, defined and **documented To-Be processes**.
* Analyzed old **MMIS teste**d the implementation process of newer version of **MMIS** and also accountable for **Medicaid claims** resolution/ reimbursement for peach care health plan **using MMIS.**
* Linked business processes to organizational objectives, identifying opportunities for business process improvement
* Assisted project management team in high level feasibility studies and risk mitigation
* Used the Agile methodology to build the different phases of **Software development life cycle.(SDLC)**
* Acted as a liaison between business units to coordinate interdependencies and resolved issues
* Active **member of CCB** and regulated the gaps in the requirements
* Managed Traceability matrix to trace use cases, business and functional requirements
* Conducted iterations and communicated results and milestone achievements to the stakeholders while keeping the developers closely updated on all documented refinements
* Developed project delivery schedule, managed projects and identified resources to successful completion

**Client: Saint Mary’s Health Care, Grand Rapids, MI Mar 2013 - July 2014**

**Position: Business Analyst**   
**Saint Mary’s Health Care Network (SMHCN**) is a member of the **New Mercy Health Network**. With over long history of providing quality care and customer service, the **SMHCN** continues to improve its customer experience and quality medical services. The Microsoft Dynamics CRM 4.0 system was used to replace **SMHCN’s the CCQ system.**    
  
**Responsibilities:**

* Conducted **JAD sessions** with business users, SME and stakeholders located remotely and in different time zones to elicit requirements.
* Created Process **Flow diagrams, Use Case Diagrams**, Class Diagrams and Interaction Diagrams using Microsoft Visio and Rational Rose.
* Built strong knowledge of health insurance industry understanding the subscriber, member, sponsors, provider (I/P), Service Centers, CMS, coordination of benefits (COB), Medicaid and **Medicare Programs (Part A, B, C and D).**
* Maintained and archived all project related documents in SharePoint for accessibility.
* Loaded requirements in **HP Quality Center** for System testing.
* Utilized corporation developed **Agile SDLC** methodology. Used **Scrum Work Pro** and **Microsoft Office** software to perform required job functions.
* Assigned tasks among development team; monitored and tracked progress of project following the **Agile methodology.**
* Ensured that all the test cases are updated in the **Quality Center** along with Master test plan.
* Assisted in various types of testing, such as functional, regression, user acceptance (UAT), negative and installation testing
* Wrote SQL statement and stored procedures in Oracle for extracting as well as writing data.
* Designed and developed test cases for putting the application on manual testing.
* Defects were tracked, reviewed, analyzed and compared **using Quality Center.**

**Robert Wood Johnson Hospital, New Brunswick, NJ       May 2011 – Mar 2013**

**Business Analyst**

Robert Wood Johnson Hospital has initiated a project called **COMPASS.** They wanted to have a centralized Revenue Cycle Management across their hospital in the new **Compass Project**. Within the compass project they wanted to migrate the existing Meditech software with Siemen's Soarian products.

**Responsibilities:**

* Analyzing the existing policies and procedures and providing the inputs to Executive Management Team to fit into the compass **project goals.**
* Conducting **JAD sessions** with different Business Users to develop new policies and procedures for the Service Catalogue, Charge Capture and Service Worklist /Charge Router, Hospital billing, coding, special coding requirements for **BCBS and Claim** processing.
* Performing **GAP analysis** between Meditech and Soarian application for the **Data Migration and Conversion**.
* Identifying the impacts and training the users on new policies /procedures changes.
* Developed **Use cases, Test Cases for the Business users and QA** team.
* Involved with all the phases of **Software Development Life Cycle (SDLC)** methodologies throughout the project life cycle.
* Identifying **the Security Risks in the application** that being built and address them in the requirement document to avoid the security breaches.
* Improved the new revenue cycle management and **Electronic Medical Record (EMR) for** the **RWJ Hospital.**
* Designed the flexible solution for patient treatment plan and patient care plan.
* Designed the tight user authentication and application security.
* Modified Existing policies and procedures for patient access such as Enterprise Scheduling,
* Supporting the Business Users after go live.